

FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of such endors	seme	nt(s).		T					
PRODUCER Your Agent or Broker					CONTACT NAME:					
					PHONE FAX (A/C, No, Ext); (A/C, No):					
					E-MAIL ADDRESS:				7	
							RDING COVERAGE		NAIC#	
					INSURER A: Your Insurance Company					
INSU	RED				INSURER B: Your Insurance Company					
					INSURER C: Your Insurance Company					
	Your Name				INSURER D: Your Insurance Company					
					INSURER E: Your Insurance Company					
					INSURER F: Your Insurance Company					
				NUMBER:			REVISION NUMBER:			
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR	EMENT	T, TERM OR CONDITION HE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO	T TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE			and the same of th	POLICY EFF (MM/DD/YYYY)		LIMIT	S		
LIK	GENERAL LIABILITY	ADDL SUBR INSR WVD POLICY NUMBER		POLIC I NOMBER	(WINDD/TTTT)	(MM/DD/YYYY)	EACH OCCURRENCE	s	2,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	S	50,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	S	5,000	
Α	X Include Independent Contractors	Y		XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	S	2,000,000	
					23500 2300 250		GENERAL AGGREGATE	s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	1				PRODUCTS - COMP/OP AGG	s	2,000,000	
	POLICY PRO- LOC						PRODUCTS - COMPTOR AGG	S	-14-414-4	
	AUTOMOBILE LIABILITY		-				COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	S	44520.7.5	
В	✓ ALL OWNED ✓ SCHEDULED			ABC-345	MM/DD/YY	MM/DD/YY	BODILY INJURY (Per accident)	S		
	V NON-OWNED			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111111111111111111111111111111111111111	WIIII DOLL I	PROPERTY DAMAGE (Per accident)	S		
	X HIRED AUTOS X AUTOS						(Per accident)	S		
	X UMBRELLA LIAB X OCCUR		-		MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	s	As Needed	
С	EXCESS LIAB CLAIMS-MADE	Y	111-555	LLL-555			AGGREGATE	5	710710000	
•	DED RETENTION\$		222 000		1		AGGREGATE	\$		
	WORKERS COMPENSATION	N/A				MM/DD/YY	WC STATU- TORY LIMITS OTH- ER	Ÿ		
	AND EMPLOYERS' LIABILITY ANY DRODRIETOR/DARTNER/EYECUTIVE						E.L. EACH ACCIDENT	s		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		13	WCB-678	MM/DD/YY		E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000	
	Terminal Control of the Control of t							9	1,540,454	
E	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA		3	MCK-777	MM/DD/YY	MM/DD/YY	Contract Value			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ittach A	CORD 101, Additional Remarks	Schedule, if more space is	s required)				
Fac	ject Name: Furnish, Deliver and Install C illity: DASNY Rochester Field Office If following are Additional Insureds as res ncellation in favor of Dormitory Authority	pect	to this	project: the Dormitory Au	uthority-State of NY a	and the State	of NY. Proof of 30 Days I	Notice	of	
CEI	RTIFICATE HOLDER				CANCELLATION					
Dormitory Authority- State of New York Attn: Risk Management 515 Broadway					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
	Albany, New York 12207				AUTHORIZED REPRESE	NTATIVE				



ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR.

GERRARD P. BUSHELL, Ph.D. President & CEO

Memorandum

TO: DASNY Contractors & Consultants

FROM: Jamie Pelis- Procurement

DATE: August 30, 2017

RE: 30 Day Notice of Cancellation

Your contract with the Dormitory Authority of the State of New York (DASNY) requires that your insurance coverage provide the Authority with at least 30 days written notice prior to cancellation, non-renewal, or material change of your insurance policy.

In the event that DASNY's Procurement unit receives your insurance information on an ACORD Certificate of Liability Insurance form (ACORD 25 2016/03), your insurance agent/broker will need to provide information regarding the policy's terms and conditions, as they pertain to Notice of Cancellation, by adding a comment in the Description of Operations/Locations/Vehicles section of the Certificate, or by referencing the applicable policy section or endorsement on the Certificate and attaching that document for our review.

If the policy does not provide at least 30 days notice to the Authority as required by contract, the Authority will ask you to endorse the policy accordingly, and to provide evidence of the change via a copy of that endorsement.

Insurance Requirements

Certificate of Liability Insurance

Sample Accord Certificate is attached.

Please make sure the 30 Days Written Notice Clause Reads as Follows on the Certificate: EXPIRATION DATE THEREOF, THE ISSUING COMPANY MAIL <u>30</u> DAYS WRITTEN NOTICE "TO DASNY".

Disability Benefits

DB-120.1 or DB-820/829 (5/06 or later) - Certificate of Disability Benefits. The insurance carrier will provide a completed form as evidence of in-force coverage.

Workers Comp

- 1. DB-155- Certificate of Disability Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office will provide a completed form. C-105.2 (9/07 or later) Certificate of Workers' Compensation Insurance. The insurance carrier will provide a completed form as evidence of in-force coverage.
- 2. U-26.3- Certificate of Workers' Compensation Insurance from the State Insurance Fund. The State Insurance Fund will provide a completed form as evidence of in-force coverage.
- 3. GSI-105.2 /SI-12- Certificate of Workers' Compensation Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office or the contractor's Group Self Insurance Administrator will provide a completed form.



New York State Department of Taxation and Finance

Contractor Certification

ST-220-TD

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).

Contractor name						
0		0::			715	
Contractor's principal place of business		City	State		ZIP code	
Contractor's mailing address (if different th						
Contractor's federal employer identification	on number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		r's EIN)	Contractor's telephone number	
					()	
Covered agency or state agency	Contract numbe	y as description		Tation at a disposition at a series of a s		
Covered agency or state agency	Contract numbe	r or description	-	Estimated contract value over the full term of contract		
					ncluding renewals) \$	
Covered agency address				Covered agency telephone number		

General information

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*, available at *www.nystax.gov.* Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT DATA ENTRY SECTION W A HARRIMAN CAMPUS ALBANY NY 12227

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227.

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms:

1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100 **Sales Tax** Information Center: 1 800 698-2909

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only):

1 800 634-2110

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

(title)

(sign before a notary public)

Schedule A — Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax guarters. See directions below. For more information, see Publication 223.

A Relationship to Contractor	B Name	C Address	D Federal ID Number	E Sales Tax ID Number	F Registration in progress

- Column A Enter \boldsymbol{C} in column A if the contractor; \boldsymbol{A} if an affiliate of the contractor; or \boldsymbol{S} if a subcontractor.
- Column B Name If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C Address Enter the street address of the entity's principal place of business. Do not enter a PO box.
- Column D ID number Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- Column E Sales tax ID number Enter only if different from federal EIN in column D.
- Column F If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Registration No. _____

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF } : SS.: COUNTY OF }
On theday of in the year 20, before me personally appeared, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say thathe resides at,
Town of
County of,
State of; and further that:
[Mark an \boldsymbol{X} in the appropriate box and complete the accompanying statement.]
☐ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
☐ (If a corporation): _he is the
of, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
☐ (If a partnership): _he is a
of, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
☐ (If a limited liability company): _he is a duly authorized member of
Notary Public

VENDOR RESPONSIBILITY QUESTIONNAIRE

All bidders must complete the Vendor Responsibility Questionnaire in the New York State VendRep System. Information concerning the system is contained in the paragraph that follows.

To enroll in and use the New York State VendRep System, see the Instructions available at http://www.osc.state.ny.us/vendrep/index.htm or go directly to the VendRep System online at http://onlineservices.osc.state.ny.us/. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID Number, or for help with the online questionnaire, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ITSServiceDESK@osc.state.ny.us.

The Certification page must be submitted to DASNY with bid submittals upon notification of intent to award.